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May 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N00107 (5)
1. Corporation Name
STATE OF FLORIDA BOARD OF LOCKSMITHS, INC.



Principal Place of Business C/O CARL M MAULDIN JR. ROUTE 2 BOX 103W FREEPORT FL 32439	Mailing Address C/O CARL M MAULDIN JR. ROUTE 2 BOX 103W FREEPORT FL 32439
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3. Date Incorporated or Qualified 12/01/1983		
4. FEI Number 59-2518990	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>

2. Principal Place of Business 400 W Comstock Ave	2a. Mailing Address RD Box 394
Suite, Apt. #, etc. 7	Suite, Apt. #, etc. WINTER PARK
City & State WINTER PARK FL	City & State FL
Zip 32789	Country ORANGE
25. Country ORANGE	29. Zip 32790
30. Country ORANGE	

6. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

MAULDIN, CARL M. JR. ROUTE 2 BOX 103W BAYOU ROAD FREEPORT FL 32439

10. Name and Address of New Registered Agent

81 Name B. Guy Ellis, Jr	
82 Street Address (P.O. Box Number is Not Acceptable) 400 W. Comstock Ave	
83	
84 City WINTER PARK FL	85 Zip Code 32789

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *B. Guy Ellis, Jr* (B. Guy Ellis, Jr) TD *April 24 1998*

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PD	<input type="checkbox"/> DELETE
NAME MAULDIN, CARL M. JR.	<i>DELETE</i>
STREET ADDRESS RT. 2 BOX 103W	
CITY-ST-ZIP FREEPORT FL	
TITLE VD	<input type="checkbox"/> DELETE
NAME DAVIS, GILLUN C. JR.	
STREET ADDRESS 3208 W TENNESSEE ST	
CITY-ST-ZIP TALLAHASSEE FL	
TITLE SD	<input type="checkbox"/> DELETE
NAME REYNOLDS, KATHLEEN E.	
STREET ADDRESS 2637 SO ELM AVE	
CITY-ST-ZIP SANFORD FL	
TITLE TD	<input type="checkbox"/> DELETE
NAME ELLIS, B GUY JR	
STREET ADDRESS 400 W COMSTOCK AVE	
CITY-ST-ZIP WINTER PARK FL	
TITLE SAD	<input type="checkbox"/> DELETE
NAME DAVIS, BONNIE C	
STREET ADDRESS 3208 W TENNESSEE STR	
CITY-ST-ZIP TALLAHASSEE FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<i>N/A</i>
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Gillun C. Davis Jr.* *April 28 1998* *850-575-9181*

CR2E037 (10/97)